2009 Louisiana Pandemic Influenza Annex

Planning Guidance for Louisiana Parishes

8/19/2009
Louisiana Governor's Office of Homeland Security and Emergency Preparedness
GOHSEP Plans Branch

The purpose of the Pandemic Flu Annex to the *Pelican Parish Crosswalk* is to provide general guidance to Parish and Municipal Governments in the preparation of Plans specific to a pandemic flu response. The information contained in this Planning Guide is based upon information contained within Louisiana's Influenza Pandemic Operations Plan (Supplement 7 to the State of Louisiana Emergency Operations Plan) and existing plans developed by the Louisiana Department of Health and Hospitals.

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I. Subject

An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics present special requirements for disease surveillance, public communications, rapid delivery of available vaccines and antiviral drugs, allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care.

II. Purpose

The intent of the Pandemic Flu Annex to the *Pelican Parish Crosswalk* is to provide general guidance to Parish and Municipal Governments in the preparation of Plans specific to a pandemic flu response. The specific purposes of this document are as follows:

a. Limit illness and/or mortality within a parish during an influenza pandemic
b. Preserve the continuity of essential government functions within a parish.
c. Minimizing economic loss within a parish.
d. Minimize social disruption within a parish.

The information contained in this Planning Guide is based upon information contained within Louisiana's Influenza Pandemic Operations Plan (Supplement 7 to the State of Louisiana Emergency Operations Plan) and existing plans developed by the Louisiana Department of Health and Hospitals.

III. Assumptions

Planning Assumptions:

a. Health and Medical Assumptions

1. The primary mechanism of influenza control will always be a coordinated, consistent, and thorough public information campaign, focusing on disease prevention, home-care, treatment, risk-groups, and recovery.
2. The number of hospitalizations and deaths will depend on the virulence and communicability of the pandemic virus in Louisiana
3. Local governments have the primary responsibility to provide public health and emergency management services within their jurisdictions
4. State government may provide and/or augment public health and emergency management services that exceed the capabilities of local governments
5. At a point of transition into a pandemic, Louisiana may activate the Strategic National Stockpile Plan upon declaration by the state of

Louisiana, Public Health declaration or upon GOHSEP and DHH consultation/agreement.

6. New influenza strains may prove to be sensitive or resistant to antiviral medications.
7. The primary functions related to the transition of a Stage 2 pandemic may include sustained antiviral distribution operations, if appropriate
8. An effective licensed vaccine to the pandemic strain will eventually be produced, and made available to high-risk groups followed by the general public, coordinated by DHH/OPH.
9. Certain public health measures (e.g., closing schools, quarantining household contacts of infected individuals, "Stay Home Days") are likely to increase rates of absenteeism

b. Education Assumptions

1. The educational system of Louisiana will be a primary pandemic communication channel for all health and educational related materials, with the ability to reach Principals, teachers, parents and students through the DOE in coordination with DHH.
2. Absenteeism will be monitored through a system of "trigger" points, and/or a sentinel system through DOE, and reported to DHH for consultation.
3. All school closures and dismissals will be reported by DOE to DHH and GOHSEP.
4. The closure of schools and childcare facilities will impact the workforce related to childcare. Any impact upon the workforce will have a corresponding influence on local, regional, and State economic communities.
5. Decision points leading to the school closure recommendations will require multi-agency coordination and epidemiological data.
6. Schools may be needed during a pandemic for other purposes such as vaccine distribution sites, or even medical triage centers.

c. Workforce Assumptions

1. The CDC has estimated that a major influenza pandemic may reduce the available workforce by 40%[1] for up to 2-3 months, in the most severe case

[1] This includes 30% of the population anticipated to be ill and 10% additional population who are not ill but will remain home to care for those who are ill, to self-isolate with a household that is ill, or to reduce risk by social distancing.

2. Absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates during the weeks before and after the peak
3. The potential for a 40% reduction in the labor force will require parish agencies to adjust essential services and staffing patterns to support these services
4. Social distancing and telecommuting measures will be encouraged and/or implemented where policies and capability exists; however when enacted, these measures will decrease the on-site availability of the parish workforce
5. A pandemic may increase demand on governmental or non-governmental social services and decrease available social service workforce, thus the availability of social services may be impacted
6. Essential personnel who must work in traditional office structures will practice social distancing measures
7. State agency non-essential personnel may work via remote access

d. Public Safety, Fire, and EMS Assumptions

1. The traditional definition of "first responder" (e.g., fire, EMS, law enforcement) may need to be adjusted for a pandemic to include and/or prioritize health care responders and other support response agencies
2. Various issues exist during a pandemic event that would challenge State and local law enforcement
3. A significant decrease in the law enforcement and emergency response workforce will overtax available staff
4. Secondary effects such as public demonstrations, looting, and civil unrest during a pandemic event or a concurrent disaster may lead to an increased need for law enforcement
5. All operational actions taken will be in accordance with applicable State and local laws, statutory authorities, and regulations
6. Some law enforcement activities that may occur outside of normal duties may include situations of quarantine and/or isolation enforcement and support at sites of distribution of vaccinations and medications
7. The potential spread of disease and illness within correctional institutions is high due to the congregate nature of these facilities

e. Strategic Messaging and Communications Assumptions

1. Effective communications leading into, during, and after a pandemic are necessary to mitigate public fear and concerns

2. The State of Louisiana has established a website to serve as a centralized point of public information. Parish governments are encouraged to include and use this website as part of the jurisdiction's communications strategy. Updated information specific to Louisiana can be found at www.flula.com

3. H1N1 Communications Plan 2009:
   - Parishes can consider public service announcements (PSA) and radio campaigns. A suggestion would be to follow traffic reports during peak morning and afternoon hours when people are more likely to be in their vehicles.
   - Parishes may consider the use of social networking tools such as twitter as a means of distributing public information. GOHSEP has an account with Twitter which is used nationally by many people. GOHSEP can be reached at www.twitter.com/GOHSEP.
   - Partnership with Louisiana Department of Education would benefit the Department of Health and Hospitals to immediately keep parents, teachers and school officials informed.

f. Concurrent Disaster During a Pandemic Event Assumptions

1. During a severe influenza pandemic, in combination with another disaster such as a hurricane, other states will not absorb evacuated Louisiana residents
   - During a pandemic, out-of-state resources through the Emergency Management Assistance Compact may not be available to support Louisiana's evacuation and sheltering operations
   - During a pandemic, up to 40% of the evacuated population may be affected by influenza creating difficulty in the separation of populations

2. In the event of a projected landfall of a Category 3 or higher hurricane anywhere on the coastline of Louisiana during a pandemic, the State of Louisiana will use the H-Hour Timeline to manage the evacuation and sheltering of coastal Louisiana
   - A Category 3 hurricane will necessitate activation of Louisiana's State Assisted Evacuation Plan
   - A mild flu (Severity Index 1 or 2) may require standard infection control procedures at parish pickup points (PPPs), on modes of transportation, and at shelters/ACS; a severe pandemic flu (Severity

Index 3 or higher) will require extraordinary infection control procedures at PPPs, on modes of transportation, and at shelters.

- During a pandemic event, transportation assets used to support the State Assisted Evacuation Plan in evacuation may require specific disinfection procedures prior to use
- A severe pandemic will negatively affect the availability of Louisiana Department of Transportation and Development (DOTD) personnel currently identified to support direction and control missions and tracking of coach buses
- A severe pandemic will negatively affect the availability of regular school bus drivers through illness or fear which would affect DOTD contingency plans to use school buses

g. Critical Infrastructure Assumptions

1. Critical infrastructure systems and operations, while intact, may be significantly impacted due to shortages of personnel

h. Continuity of Operations (COOP) Assumptions

1. Supply chain and delivery networks, just-in-time delivery, warehousing, logistics, and the domestic and international flow of goods could be substantially restricted

PLANNING NOTE: Based on the potential disruption of supply networks, and the limited amount of PPE in State stockpiles, parish governments are strongly encouraged to stockpile appropriate levels of personal protection equipment (PPE) to sustain essential services during a pandemic. GOHSEP has published an Interim PPE Guidance Package to provide interim guidelines on the procurement of appropriate types of PPE. The purchase of PPE by local government is an allowable expense under existing federal homeland security grants.

2. Shortages of and disruptions to basic commodities and municipal infrastructure may cause localized security challenges for businesses and communities
3. The normal COOP paradigm of moving all personnel to an alternate location must be changed to personnel working in a decentralized fashion to comply with social distancing recommendations.

IV. Strategic Goals

Preparedness activities related to an influenza plan are based on three strategic goals.

a. *Ensure continuity of operations of parish agencies and parish government.*
b. *Protection of parish citizens.*
c. *Sustainment and support of critical infrastructure and key resources located within a parish.*

V. Mission Essential Tasks

a. *Provide information prior to an event and continually during an event to key organizations regarding pandemic influenza and the parish's pandemic response plan*

b. *Convey and coordinate public outreach, media engagement, and strategic messaging with partners at the local, State, tribal, and Federal levels*

c. *Reduce public fear and engender trust in government at all levels*

d. *Support parish entities in their response to a pandemic event, including containment of pandemic influenza where possible.*

e. *Make every effort to ensure the safety of all personnel supporting pandemic operations*

f. *Support CI/KR sectors and nonprofit organizations in their responses to a pandemic event where possible*

g. *Ensure resource coordination of parish response and recovery operations as required*

h. *Implement a coordinated operating plan, share reports horizontally and vertically, and ensure collaboration with local parish partners and participating agencies*

i. *Implement COOP plans for local parish agencies, boards, and commissions as needed*

j. *Determine economic impact of a pandemic at the local level*

k. *Monitor number of confirmed cases of influenza by classroom and school*

l. *Implement process for closures of schools and childcare facilities, and cancellation of school-related activities as determined necessary by DHH and the Louisiana Department of Education (DOE)*

PLANNING NOTE: This decision process should be a coordinated effort of the School District, Public Health Officials, Parish President, Parish Sheriff, and Parish OHSEP Director.

m. *Provide for continuation of provision of core social services*

n. *Implement process to support voluntary and/or involuntary isolation and/or quarantine*

o. *Prepare and distribute personal protective equipment to first responders*

p. *Monitor, collect and prepare reports on number of confirmed versus suspected cases of influenza.*

q. *Monitor collect and prepare reports number of hospital admissions and deaths related to influenza.*

r. *Establish vaccination centers and medication distribution centers as necessary, guided by the SNS distribution plan.*

s. *Implement process for closure and/or cancellation of public events and other large gatherings as determined necessary by DHH with support from law enforcement as needed*

t. *Provide support for local law enforcement*

VI. Critical Information Requirements

The following are examples of critical information the State's senior leadership may need in order to make critical operational decisions in the event of a pandemic in Louisiana.

PLANNING NOTE: Parish governments should use the following examples to establish key critical information requirements for the jurisdiction. Parish OHSEP Directors may be requested to provide this information to GOHSEP during a pandemic

a. *Estimate of infection rate in Louisiana, preferably by region*

b. *Number of cases reported in a locality, virulence of the influenza strain, and severity of the disease spread*

c. *DOE report on student absenteeism*

d. *Closure decisions regarding schools, school-related activities, and childcare facilities; coordinated with the DOE*

e. *Available health care resources by DHH region (e.g., EMSystems)*

f. *Overall reports of businesses, or local or state government closures by parish*

g. *Status report of any major closures of public gatherings/events*

h. *State agency workforce status by department, and where applicable, by agency if that agency's personnel are essential personnel and critical to ESF work*

i. *Status of first responder PPE inventory and distribution*

j. *Status of COOP plan implementation by State agencies*

k. *Command staff status and COOP planning*

l. *Public information campaigns (media distribution sources) and news conferences*

Appendix A: Guidance for Developing a Continuity of Operations (COOP) Plan with Emphasis on Pandemic Planning

PLANNING NOTE: Technical assistance in the development or review of jurisdictional Continuity of Operations Plans is available through GOHSEP. Contact GOHSEP Plans Branch or local GOHSEP Regional Coordinator to request technical assistance.

I. INTRODUCTION

Continuity of Operations (COOP) is a critical portion of emergency planning. Continuity programs and operations are simply good business practices that ensure government functions and services will be available to our citizens under all conditions. In general, a COOP plan describes how an organization will continue to function when impacted by a catastrophic emergency. While development of a COOP plan may seem to be specific to a jurisdiction's emergency management agency, all governmental organizations should develop/maintain a COOP plan; the emergency management agency may provide assistance and direction, but all agencies must maintain the capability to continue their operations in an emergency.

In the past, traditional COOP planning has focused on how to respond to an emergency that impacts the physical "things" that are needed to function, such as buildings and computer systems. With the current emphasis on Pandemic Influenza, that focus must expand to include additional human capital issues. The information below can be used to develop a functional Continuity of Operations plan or evaluate an existing plan. The information includes two components that will expand the traditional planning to include planning for operations when impacted by a Pandemic Influenza event.

II. ELEMENTS OF A VIABLE CONTINUITY CAPABILITY

The following items are all important for a base Continuity of Operations plan. Each item is followed by a brief description and examples of specific requirements that will lead to developing the capability.

A. Essential Functions

The limited set of organization level functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities. For example, these functions enable the organization to provide vital services, exercise civil authority, maintain the safety of the general public, and sustain the industrial/economic base during any emergency.

- Determine what requirements are placed on the organization by laws and statutory authorities.
- Conduct a Business Process Analysis to aid in identifying essential functions.

- Document the requirements and procedures needed to perform essential functions.

Examples

Maintain an operational law enforcement force.
Maintain the capability to hold elections.
Provide emergency management and response capability.

B. Orders of Succession

Provisions for the assumption of senior agency offices during an emergency in the event that any of those officials are unavailable to execute their legal duties.

- Identify key positions within the organization.
- Identify the chain of succession for those positions to include at least three levels.

C. Delegations of Authority

Specify who is authorized to act on behalf of the organization's chief, chairman, elected leader, director, secretary, etc. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

- Identify who is authorized to act on behalf of head of the organization
- Ensure that authority is explicitly granted to the identified successors.

D. Continuity Facilities

Continuity facilities are locations from which leadership and critical positions may operate during an event that disrupts the use of the organization's day-to-day facility. These may include one or many facilities or virtual offices from which to continue essential operations.

- Determine a location which can be used on a long-term basis in the event the main facility cannot be used.
- Determine a location which can be used on a short-term basis in the event the main facility cannot be used. (This may be the same as the long-term facility.)
- Develop the infrastructure at these facilities to enable work to be performed (workspaces, computer equipment, communications equipment, etc.)

E. Continuity Communications

Continuity communications are the systems that support full connectivity among leadership, internal elements, and other organizations to perform Essential Functions during a continuity event.

- Develop redundant/secondary communication systems that will be used in the event the main communication system ceases to function

Examples

Cell phones
Satellite phones
Statewide 700/800 MHz radio system

F. Vital Records Management

Vital records management is the identification, protection, and availability of information systems and applications, electronic and hardcopy documents, references, and records needed to support Essential Functions during a continuity event.

- Identify vital records
- Ensure vital records are accessible from alternate work locations.

Examples

Plans and procedures
Voter registration rolls
Human Resources records
Legal documents such as contracts
Property ownership records

G. Human Capital

Human capital involves policies, plans, and procedures that address human capital needs during a continuity event, such as guidance on pay, leave, work scheduling, benefits, telework, hiring, authorities, and flexibilities.

- Identify key positions that are critical to performing essential functions.

H. Test, Training, and Exercise (TT&E) Program

An effective TT&E program identifies, trains, and prepares personnel capable of performing their continuity responsibilities and implementing procedures to support the continuation of Essential Functions. Training provides the skills and familiarizes personnel with procedures and tasks. Tests and exercises serve to assess and validate all the components of continuity plans, policies, procedures, systems, and facilities.

- Develop training for personnel to ensure essential functions are performed correctly.
- Test the systems and procedures through regular exercises.

I. Devolution of Control and Direction

Devolution is the capability to transfer statutory authority and responsibility for Essential Functions from primary operating staff and facilities to other employees and facilities. It also provides the means to sustain that operational capability for an extended period.

- Identify who and where authority will be transferred in the event primary operating staff is not able to function.

J. Reconstitution Operations

Reconstitution planning is the process by which organizations/personnel resume normal operations from the original or a replacement primary operating facility.

- Develop procedures for transitioning from emergency operations to normal operations.

III. PANDEMIC INFLUENZA COOP CONSIDERATIONS

A Pandemic Influenza outbreak is different from a "typical" emergency event. In a "typical" event, physical systems are typically impacted. For example, during a hurricane, cell phone communications, electricity supply, and even the physical office building can be severely impacted. During a Pandemic event, though, people are impacted.

Federal planning assumptions indicate that 40% of the workforce will be unavailable to work at any given time over a 2-3 month period. And of the people that are available, it is possible that social distancing will be implemented meaning that large groups of people will be discourage – this impacts the capability to operate in standard office or Emergency Operations Center settings. So, for a Pandemic event the following two considerations are added to the basic COOP elements

A. Lack of Human Capital

In the event of a Pandemic, plan for a reduction in your staff of up to 40%.

- Cross-train staff in performing essential functions.
- Develop policies that will allow personnel to work from an alternate work location.

B. Technology

Most work environments revolve around computers. A standard computer security strategy is to prevent access to the computer network from outside the office. This impacts the capability to use alternate work locations.

- Enable employees to remotely access organization's computer networks.
- Provide capabilities for selected personnel to participate in video teleconferences.

IV. REFERENCES

Further information regarding Continuity of Operations planning can be found on the FEMA website.

Federal Continuity Directive 1 (FCD 1) – FCD 1 is issued by FEMA to provide direction to Federal agencies to develop and implement a Continuity of Operations program. It contains material that may be useful to State and local organizations as reference. It can be found online at http://www.fema.gov/pdf/about/offices/fcd1.pdf.

Federal Continuity Directive 2 (FCD 2) – FCD 2 is issued by FEMA to provide direction and guidance to Federal organizations to identify their essential functions. As with FCD 1, it may be useful to State and local organizations as a reference. It can be found online at http://www.fema.gov/pdf/about/org/ncp/fcd2.pdf.

Continuity Guidance Circular 1 (CGC 1), Continuity Guidance for Non-Federal Entities – CGC-1 was issued by FEMA to provide direction for the development of continuity plans and programs for non-federal entities. It can be found online at http://www.fema.gov/pdf/about/org/ncp/cont_guidance1.pdf.

Continuity Assistance Tool (CAT) – The CAT was developed by FEMA as guidance for developing and a tool for evaluating a Continuity of Operations program. It can be found online at http://www.fema.gov/pdf/about/org/ncp/cat.pdf.

Appendix B: Key Planning Considerations for Parish Officials

I. PURPOSE

The following considerations have been identified as courses of action within the working draft of the State of Louisiana Influenza Pandemic Operations Plan or Supplement 7 to the State Emergency Operations Plan. Planning for and responding to a pandemic event is a complex situation. These considerations have been identified as key issues following the May 2009 H1N1 event. The development of parish based strategies and tactics requires the establishment of a multi-disciplinary planning team. Recommended parish stakeholders have been identified as part of each consideration.

A. Closure of schools and childcare facilities and cancellation of school related extracurricular activities

1. Issues:
   a. "Trigger" point and sentinel absenteeism rates
   b. School closings
   c. Communications and information dissemination
   d. General school disinfecting and sanitizing information
   e. Continuity of education
   f. Childcare facilities

2. Key Parish Stakeholders

Parish President	**Parish Sheriff**
Parish OHSEP Director	**Municipal Law Enforcement Officials**
Parish School Superintendent	**Local Diocesan School Officials**
Private Schools Representative	**Parish Head Start**
Parish Community Action Agency	**Daycare/Childcare Representative**
Regional Office of Public Health	**Local Colleges or Universities**

B. Issues surrounding voluntary and involuntary isolation

1. Issues:
   a. Definition of voluntary and involuntary isolation
   b. Public education to support self isolation
   c. Community based containment measures

2. Key Parish Stakeholders

Parish President	**Parish Sheriff**
Parish OHSEP	**Regional Office of Public Health**
Parish District Attorney	**Parish Judiciary**
Municipal Law Enforcement Officials	

C. Closure of public areas and/or cancellation of events and other large gatherings

1. Issues:
   a. Legal authorities
   b. Effectiveness of closures
   c. Issuance of advisories rather than cancellations

2. Key Parish Stakeholders

Parish President	**Parish Sheriff**
Parish Legal Counsel	**Parish OHSEP**
Municipal Law Enforcement Officials	**Local Economic Development**
Local Tourism Officials	**Local Recreation Officials**
Regional Office of Public Health	

D. Process to maintain the provision of core social services

1. Issues:
   a. Mental/behavioral health support to the workforce
   b. Primary psychosocial support functions
   c. Mental/behavioral health services to the public

2. Key Parish Stakeholders

Parish President	**Parish OHSEP**
Local Department of Social Services Staff	**Parish Community Action Agency**
Parish Council on Aging	**Local Workforce Development Commission**
Local Office of Mental Health	**Regional Office of Public Health**

E. Process to determine the economic impact of a pandemic within the parish.

1. Issues:
   a. Development of assessment tools to determine the economic impact of a pandemic.

2. Key Parish Stakeholders:

Parish President	**Parish OHSEP**
Parish Economic Development	**County Agent-Agricultural Extension Service**
Parish Chamber(s) of Commerce	

F. Preparation and distribution of personal protective equipment to first responders and medical countermeasures during a pandemic influenza event

1. Issues:
   a. Allocation of appropriate personal protective equipment
   b. Distribution of PPE
   c. Medical countermeasures (coordinate planning efforts with local OPH)

2. Key Parish Stakeholders:

Parish President	**Parish OHSEP**
Parish Sheriff	**Municipal Law Enforcement Officials**
Parish Fire Officials	**Local Emergency Medical Services**
Regional Office of Public Health	

G. Continuity of Parish Government

1. Issues:
   (See Appendix A)

2. Key Parish Stakeholders:

Parish President	**Parish OHSEP**
Parish Legal Counsel	**Parish Sheriff**
Parish Judiciary	**Parish Council or Police Jury**
Parish School Board	**Parish District Attorney**
Parish Clerk of Court	**Parish Registrar of Voters**
Parish Coroner	**Parish Boards and Commissions**
Municipal Government Officials	

H. Mass Fatality Planning
(See Appendix C)

I. Specific Parish Considerations
Each parish and municipality within the State of Louisiana has unique planning considerations. Jurisdictions should determine the potential effect a pandemic event may have on those considerations. Based on the results of this threat assessment, the jurisdiction should prepare appropriate courses of action.

Appendix C: Mass Fatality Planning

PLANNING NOTE: This Appendix is being provided as a guide to developing a parish based mass fatality plan. Although emphasis is placed on a pandemic event, the core elements of this guide should be used to develop a mass fatality plan for the jurisdiction. This appendix provides parish government with information and guidance that should be included in Emergency Operations Plans to address Mass Fatality Planning.

PURPOSE

A mass fatality disaster is defined as an occurrence of multiple deaths that overwhelm the usual routine capabilities of a community. The purpose of the plan is to address a catastrophic situation wherein an urgent situation of multiple deaths must be addressed to mitigate the spread of disease such as in a pandemic flu situation. Ultimate responsibility for the collection, identification, storage, and dispatch of human remains lies with the Parish Coroner as set forth by law.

Louisiana is vulnerable to numerous natural and technological disasters such as hurricanes, floods, hazardous materials incidents, transportation accidents and acts of terrorism. Any of these occurrences could result in mass fatality response requirements that would overwhelm local capabilities. Mass fatality disasters have the potential to quickly overwhelm the resources of a Parish Coroners' operation depending on the capacity of the facility and the number of fatalities. Offices that are overwhelmed may seek assistance at local, state and federal levels. A diverse pool of local, public, and private resources will be available to assist with/support mass fatality decedent operations. Specifically, all local hospitals will provide additional morgue storage as available; the Office of Public Health Bureau of Vital Records will operate at surge capacity to register deaths and issue final disposition permits; and the local funeral directors and funeral homes may operate at surge capacity to provide for final disposition of human remains.

The focus of the plan is for a catastrophic mass fatality incident such as a pandemic flu, or Weapons of Mass Destruction (WMD) situation. Since all disasters begin and end locally, all communities are urged to develop their own mass fatalities Incident Response Plan.

In accordance with the Pandemic Flu Mass Fatality Planning Toolkit, the following planning components and guidelines are presented as process steps to completing a Mass Fatality Plan.

Preparedness

Actions that involve a combination of planning, training and exercising to build, sustain, and improve operational capabilities. Preparedness is the process of identifying the personnel, training, and equipment for delivering capabilities when needed for an incident.

Sample objectives:

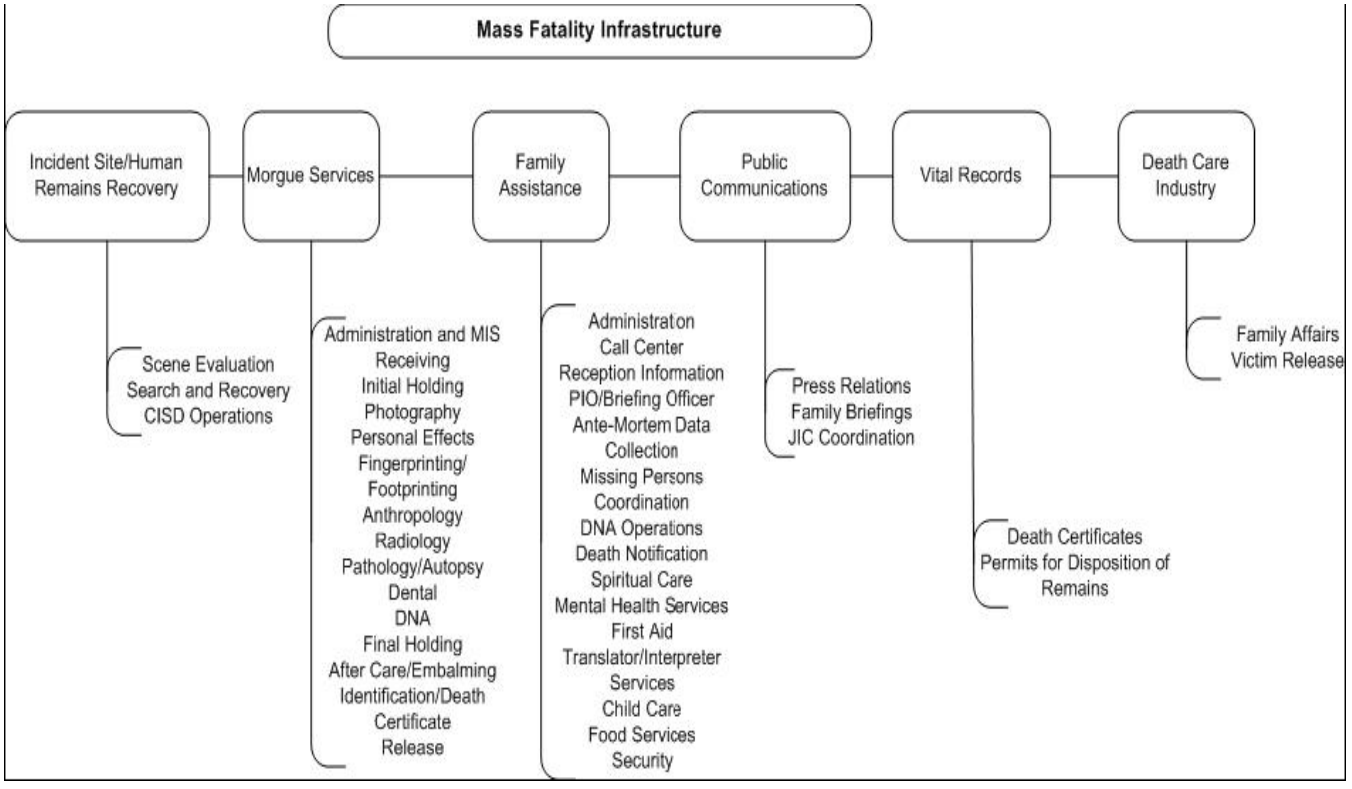
- To ready the parish for managing a mass fatality.
- Establish responsibilities of the Parish Coroner. This information should be included as part of the Parish Emergency Operations Plan.
- Determine key people/agencies needed to create the Parish Mass Fatality Plan.
- Establish Mutual Aid agreements with neighboring parishes/regions.
- To determine the surge capacity of your parish. Surge capacity tool is provided.
- To identify decedent operational areas, the stakeholders and organizations responsible for these operational areas, and develop a plan for providing and for coordinating operational activities.
- To present information and guidelines for the decedent operational areas.
- To provide logistics information that enables readiness and scalability.
  - Supplies and equipment
  - Staffing requirements
  - Facility requirements
  - Security
- To provide information on infection and other health and safety threats; mass fatality information systems, pandemic influenza considerations, security requirements; family, cultural and religious considerations, and staff and volunteer management.
- Support for mass fatality workers.
- Create the command and control structure, identify who will activate the plan and the criteria for levels of operation, and evaluate personnel needs (personnel will vary according to the expected amount of decedents).
- To describe how the plan will be exercised, updated, and maintained.

Command and Control

Following the National Incident Management System (NIMS) guidelines for Resource Management, an Incident Command System (ICS) approach should be utilized to establish an effective and standardized command and control element. This will allow for the integration of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. It will also enable a coordinated response among various jurisdictions and establish common processes for planning and managing resources.

Possible options for an Incident Commander (IC) could be the Parish Coroner, Parish OEP Director, or the Mass Fatality Designated Regional Coordinator (DRC).

Once the ICS organization has been established, the following chart could be used as an example for the Mass Fatality infrastructure that may be deployed and the primary person or agency responsible:



PLANNING NOTE: The following table identifies the minimum infrastructure requirements to support a mass fatality plan.

Incident Site/Human Remains Recovery:	
Morgue Services:	
Family Assistance:	
Public Communications:	
Vital Records:	
Death Care Industry:	

PLANNING NOTE: The following table should be used as a design template and is consistent with national mass fatality planning standards. Information contained as part of this table identifies stakeholders key to developing a parish mass fatality plan.

Position	Person/Agency and contact information	Secondary	Tertiary
Jurisdictional Coroner:			
Primary Forensic Investigator:			
Primary Forensic Pathologist:			
DRC Mass Fatality:			
DRC – Hospitals:			
DRC – Nursing Homes:			
DRC – EMS:			
DRC – Home Health:			
Regional OHSEP Director:			
GOHSEP Regional Coordinator:			
Law Enforcement:			
Fire and Rescue/HAZMAT:			
EMS:			
Hospitals:			
Public Health:			
Mental Health:			
Social Services:			
Environmental Health:			
Public Works:			
Transportation:			

NOTE: Secondary and tertiary names and contact information should also be included in case primary is unavailable.

Surge Capacity Tool

The surge tool will allow local jurisdictions to estimate quantities of various types of resources needed to support mass fatality operations coincident with a pandedmic flu event. Based on actual or estimated numbers of deaths, the surge tool can assist local planners and incident managers with logistical planning and resource requests. This tool is in the final stages of development and will be available by September 2009.

Response

Immediate actions to save lives, protect property and the environment, and meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery.

Sample objectives:

- Notification of Incident Command Team and response teams.
- Provide honest and accurate information at every stage.
- Respect the deceased and the bereaved.
- Maintain a sensitive and caring approach that values addressing the needs of families and loved ones.
- Follow procedures and protocols that will lead to confirmed identifications of decedents and avoid mistaken identifications.
- Identification of possible chemical, biological, radiological, nuclear, or energetic (CBRNE) primary or secondary incendiary hazards.
- Equipment needed to ensure the safety of the responders.
- Approximate number of fatalities
- Assess condition of human remains
- Accessibility of the scene and equipment necessary to begin recovery operations.
- Determine need/location of a family assistance center.
- Determine location for Critical Incident Stress Debriefing for responders.
- Determine the need for a Disaster Mortuary Team (D-Mort).
- Multi-jurisdictional mass fatalities (such as pandemic flu) require cross-jurisdictional coordination
- The Coroner's Office capacity for managing a mass fatality event determines the first activation level. Local capacity is a combination of morgue storage capacity, available personnel, and available equipment and supplies. Thresholds for levels of activation are based upon local capacity.
- The level of activation will depend on the anticipated number of deaths, the scope of destruction/level of difficulty in recovery, and whether or not there are possible biological, chemical, physical, energetic, or radiological hazards.

Disaster notification to the Parish Coroner will normally come through routine law enforcement, emergency operations center channels, or news media broadcasts in advance of a request to respond to transport human remains. In rare cases, it is possible that the Coroner would be the first to recognize a cause of death indicating a potential WMD release. In such an event, the Coroner would be the one to initiate notification of appropriate authorities.

PLANNING NOTE: The Parish Coroner should create a call tree that represents the command, control and response personnel – keeping in mind that no one person should have to call more than six people.

Regional, state, and federal resources may be required to effectively manage a mass fatality incident.

- Regional resource requests will be coordinated with the <PARISH> Office of Emergency Preparedness.
- State resource requests will be coordinated with GOHSEP and ESF #8.
- Federal resources, including the Disaster Mortuary Operational Response Team (DMORT), may be requested through GOHSEP or through FEMA by the State Health Officer as ESF 8 Incident Commander. This will be done in consultation with the local coroner and other local and state officials.
- The overall goal of the Pandemic Flu Mass Fatality Management Plan is to recover, identify and effect final disposition of human remains in a dignified and respectful manner, and provide family assistance to victims' relatives and loved ones.

In Extremis Plan

Used when the normal death processing capacity of a Parish has exceeded surge limits. The objective is to keep critical healthcare facilities functional by establishing victim collection points.

- Immediately place Coroner Investigators, Autopsy Technicians, and any other personnel that are going to staff the collection point on a 12 hour work schedule, 24/7 for long-term recoveries.
- Prepare morgue/autopsy facilities and/or arrange for incident morgue at the site.

The Coroner's deputy, or the officer in charge, will ensure that the following steps are taken:

- Request mission number assignment from the Parish Emergency Operations Center. Set up systems to maintain all documentation required for emergency reimbursement.
- Establish tactical and support resource needs.
- Assign a Logistics Officer.
  - The Logistics Officer will be responsible for working with Parish OEP Logistics on the acquisition, storage, issue, and accountability of all supplies, equipment, facilities, personnel and services necessary to support the incident site/human remains recovery operation. Requirements for staffing, communications and information systems, and equipment and supplies are presented later in this section.
- Equipment/Supply Management:
  - Have a system in place to track supplies requested, loaned and used for human remains recovery,
  - Establish inventory management system not track rate of use for re-supply,
  - Assure re-supply and billing information.
- Personnel:
  - Identify staff needs, alert staff and request assistance (through Parish OEP) as needed.
  - Maintain daily attendance rosters and time worked logs
  - Arrange for necessary Personal Protective Equipment (PPE)
- Human Remains Tracking System:
  - Determine the human remains tracking system that will be initiated from the onset of the incident.

Victim Tracking

Currently, the Department of Health and Hospitals (DHH) uses the At-risk Registry to track hospital patients. In the event of a mass fatality, the At-risk Registry would be modified for victim tracking.

Recovery

The development, coordination and execution of service and site restoration plans; care and treatment of affected persons; additional measures for social, political, environmental and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and developmental initiatives to mitigate the effects of future incidents.

Sample objectives:

- Collection of ante mortem and postmortem data.
- Participate in After Action Reviews (AAR)
- Considerations for long term mental health counseling for first responders.
- Plan review to incorporate lessons learned.
- Reconciliation of documents and receipts for reimbursement.

Plan Checklist

NOTE: THIS SPREADSHEET (CHECKLIST) IS DESIGNED TO FACILITATE SUBMISSION OF THE INFORMATION REQUESTED IN THIS APPENDIX.

PREPAREDNESS		
Does the plan ensure and consider the following:	YES	NO
Does the plan mention how to properly recovery and handle human remains?		
Does the plan limit access to mass fatality areas and address security?		
Does the security plan include a roster of identified personnel authorized to enter the area? Does this list include back-up personnel, by position, needed to continue essential services and functions?		
Does the plan identify the responsibilities of the Parish Coroner?		
Does the plan include the chain of command? Are primary and alternate names/contact information provided?		
Does the plan explain how it will be exercised, updated, and maintained?		
Are the key stakeholders involved in the writing, exercising, and execution of the plan identified?		
Does the plan address any mutual aid agreements with other parishes/regions, contractors, or other third parties to ensure fulfillment of mission essential requirements, should primary personnel, services, supplies or other assets become unavailable?		
RESPONSE		
Does the plan identify key positions, skills and personnel needed to respond to the event?		
Does the plan include a calling tree for the command, control, and response teams?		
Does the plan identify the need or location of a Family Assistance Center?		
Does the plan describe how the level of activation will be determined?		
RECOVERY		
Does the plan address long term care and treatment of first responders?		
Does the plan provide for post-incident reporting?		
Does the plan address the need for an evaluation of lessons learned?		
Does the plan address possible initiatives for mitigating effects of future incidents through lessons learned?		

08/14/2009

Appendix D: Interim Guidance for First Responders at Risk for Pandemic Influenza

With the new H1N1 virus continuing to cause illness, hospitalizations and deaths in the US during the normally flu-free summer months and some uncertainty and about what the upcoming flu season might bring, the Governor's Office of Homeland Security (GOHSEP) has developed the following interim guidance to assist Local and State Officials with managing this event. This Guidance will remain in effect until additional guidance is released by the CDC.

GOHSEP encourages continued coordination among Parish Directors, the EMS system, Law Enforcement, Fire Departments, healthcare facilities (e.g. emergency departments), and the public health system is important for a coordinated response to swine-origin influenza A (H1N1). Each local government should seek the involvement of all First Responders to provide appropriate precaution and prevention practices. Given the uncertainty of the disease, its treatment, and its progression, the ongoing role of First Responders is critically important. The guidance provided in this document is based on current knowledge of swine-origin influenza A (H1N1) provided by the United States Centers for Disease Control and Prevention (CDC).

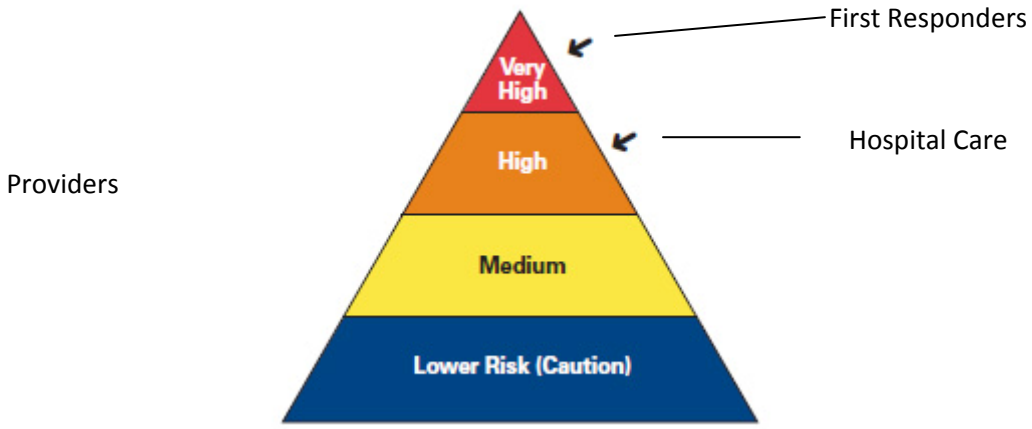
A pandemic will potentially impact supply and delivery systems of high demand items such as personal protective equipment. The availability of PPE during a pandemic may be limited due to high consumer demand. Jurisdictions are encouraged to purchase and stockpile appropriate PPE in advance of the upcoming flu season. The purchase of PPE is an allowable expense under existing homeland security grants.

First Responders at Risk for Pandemic Influenza

First Responders will inevitably have contact with people who are known or suspected to be infected with the pandemic virus; there are important practices to reduce the risk of infection and to protect responders. First Responders are at a very high risk of contracting influenza because they are the initial contact with patients prior to diagnosis.

Very High exposure risk encounters are those with high potential for exposure to known or suspected sources of pandemic influenza during specific medical, rescue or civil unrest situations, such as:

- Responders responding to calls for help from suspected or potential pandemic patients.
- First Responder support staff exposed to equipment used on known or suspected pandemic patients.
- Staff providing medical transport of known or suspected influenza patients in enclosed vehicles.



Occupational Risk Pyramid for Pandemic Influenza

Administrative Controls

The following types of controls involve making changes to the work environment to reduce work-related hazards by the employer:

First Responder facilities need to follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. Develop and implement policies that reduce exposures.

- Post signs requesting responders and responders' family members to immediately report symptoms of respiratory illness to administration so that appropriate actions can be taken to prevent the contamination of other First Responders.
- Train workers in work practices such as hand hygiene, facility hygiene, and other infection control measures. Provide conveniently located masks, tissues and alcohol-based hand rubs for waiting areas and patient evaluation areas to reduce the spread of infection.
- Jails or holding areas equipped with isolation rooms should be used when performing processing or holding of those known or suspected pandemic influenza cases.
- Ensure appropriate PPE levels (i.e. gloves/masks) are used when dealing with known or suspected pandemic patients.
- When possible First Responders should take complaints via alternative means instead of face to face contact with known or suspected pandemic cases. This type of task may be assigned to Responders that must be socially distanced due to being affected themselves.
- Provide guidance and review equipment decontamination procedures with responders to help prevent the spread of pandemic to other responders or patients.
- Review and increase housekeeping vigilance to control the spread of infectious agents through additional cleaning of contact surfaces, and through prompt and thorough waste disposal.

Personal Protective Equipment (PPE)

For those who work closely (within 6 feet) with people known or suspected to be infected with pandemic influenza:

- Use basic surgical masks for routine contact. However, for extended exposure or when both fluid protection (e.g., blood splashes) and respiratory protection are needed, use a "surgical N95" mask that has been certified by NIOSH.
- Use gloves made of latex, vinyl, nitrile, or other synthetic materials as appropriate, when there is contact with blood and other bodily fluids, including respiratory secretions.
- Wear an isolation gown when it is anticipated that soiling of clothes or uniform with blood or other bodily fluids, including respiratory secretions, may occur.
- Use eye and face protection if sprays or splatters of infectious material are likely. Goggles should be worn during the performance of aerosol-generating procedures. Use of a full face shield in front of a respirator may also prevent bulk contamination of the respirator.

	POLICE	FIRE	EMS
Suggested Minimum Protection	Mask	Mask	Mask
	Gloves	Gloves	Gloves
		Face Shield	Goggles
			Gown (extended contact)

Agency SOP's Should Consider:

- Handling of staff that become ill at work.
- When personnel may return to work after recovering from pandemic influenza.
- When personnel who are symptomatic but well enough to work will be permitted to continue working.
- Personnel who need to care for their ill family members.
- A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
- A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.
- Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.
- The ability to monitor seasonal influenza vaccination of personnel.
- Offering annual influenza vaccine to personnel.

Surge Capacity Considerations:

- A plan is in place for managing a staffing shortage within the organization because of illness in personnel or their family members.
- The minimum number and categories of personnel necessary to sustain public safety.
- Contingency staffing plans have been developed in collaboration with other First Responder agencies.

- Hospitals, Law Enforcement, and Emergency Response Associations and regional planning groups have been consulted regarding contingency staffing resources.
- Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.
- A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.
- Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.
- An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.

9-1-1 Public Safety Answering Points (PSAP) Planning Considerations:

It is important for the PSAPs to question callers to ascertain if there is anyone at the incident location who is possibly afflicted by the swine-origin influenza A (H1N1) virus, to communicate the possible risk to EMS personnel prior to arrival, and to assign the appropriate EMS resources. PSAPs should review existing medical dispatch procedures and coordinate any modifications with their EMS medical director and in coordination with their local department of public health.

- PSAP call takers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location, has had nasal congestion, cough, fever or other flu-like symptoms.
    - If the PSAP call taker suspects a caller is noting symptoms of acute febrile respiratory febrile illness, they should make sure any first responders and EMS personnel are aware of the potential for "acute febrile respiratory illness" before the responders arrive on scene.

Employee Controls:

The following types of controls involve making changes to the work environment to reduce work-related hazards by the employee:

Recommendations for EMS, Firefighter and Law Enforcement First Responders:

Contact assessment Considerations:

If there HAS NOT been swine-origin influenza reported in the geographic area, First Responders should assess all patients as follows:

1. First Responder personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.

2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
    - If no acute febrile respiratory illness, proceed with normal EMS care.
    - If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
        - If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
        - If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).

If the CDC confirmed swine-origin influenza in the geographic area:

1. Address scene safety:
    - If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
    - If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, First Responders should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough).
    - If no symptoms of acute respiratory illness, provide routine EMS care.
    - If symptoms of acute respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Attachment 1: AGENCY AUTHORITIES

1. The **Governor** is responsible for addressing threats to Louisiana and its citizens through GOHSEP (See RS 29: 724 of The Louisiana Homeland Security and Emergency Assistance and Disaster Act.) Responsibilities and authority of the Governor include the following:
    a. Homeland Security Act disaster declaration or Public Health Emergency declaration
    b. Activation of disaster response
    c. Suspension of certain regulatory statutes
    d. Authorization of utilization and redirection of State government resources
    e. Requisition or utilization of any public, quasi-public, or private property if necessary to cope with the disaster
2. The **State Health Officer** and the **Department of Health and Hospitals** (DHH) (See RS 40, the State Sanitary Code) have authority for the health of the State's population. Their authority includes:
    a. To "*…execute the sanitary laws of the state and to carry out the rules, ordinances and regulations as contained in the state sanitary code. He may issue warrants only to arrest or prevent epidemics or to abate any imminent menace to the public health."*
    b. General powers to authorize isolation and/or quarantine and to take action as necessary for the subsistence and suppression of diseases.
    c. Protect and promote health and ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana.
    d. Coordinate activation of the response and recovery aspects of any and all applicable State and parish health emergency response plans.
    e. Coordinate **Emergency Medical Services (EMS)** and the **Office of Public Health (OPH)**
    f. **Office of Mental Health**:
        1) Coordination of and response to mental health services in the event of a pandemic emergency
        2) Provision of Critical Incident Stress Management (CISM) to responders
3. The **Department of Education** is responsible for coordinating with local superintendents and may provide recommendations to local school boards.

4. The State government will work closely with **local, parish, and tribal officials** to coordinate response efforts in the event of an emergency. (See RS 29: 722 and 729 of The Louisiana Homeland Security and Emergency Assistance and Disaster Act) RS 29: 729 states:

   > *"The parish office of homeland security and emergency preparedness, under the parish president, shall be responsible for homeland security and emergency preparedness in the parish."*

5. **GOHSEP**, through legislative authority and Executive Order (See RS 29:725 Louisiana Homeland Security and Emergency Assistance and Disaster Act and RS 29:760, the "Louisiana Health Emergency Powers Act" Acts 2003, No. 1206, §1.), provides specific operational management and support to State and local agencies and government in response to public health emergencies in coordination with DHH.[2]

[2] RS 29: 721-760, The Louisiana Homeland Security and Emergency Assistance and Disaster Act and RS 29:760, The Louisiana Health Emergency Powers Act. State of Louisiana. Accessed online on July 23, 2009 at http://www.legis.state.la.us/lss/search.htm.

Attachment 2: PANDEMIC INFLUENZA RESOURCE DOCUMENTS

Resources to Provide Guidance for Employers and Individuals in the State

Contents	Existing Resources
Section 1	Resources to Assist Employers in preparing for an Influenza Pandemic
Section 2	Resources to Assist Employers in the Post Influenza Pandemic environment
Section 3	Help families prepare for an Influenza Pandemic
Section 4	When to return to work and school guidance

1. Assist employers (including non-profits) in the state in preparing for an influenza pandemic

Goal: To assist all employers in the state of Louisiana in understanding the importance of pandemic planning and provide information on how they can create a pandemic plan

a. Use the Business Pandemic Influenza Planning Checklist located at www.pandemicflu.gov/plan/business/businesschecklist.html to encourage employers (including non-profits and religious organizations) to create pandemic plans to ensure continuity of operations. Include information to help private sector employers address worker safety and health (see Guidance on Preparing Workplaces for an Influenza Pandemic) and worker behavioral and mental health issues. Remind employers of the role they will play in implementing community mitigation strategies.

b. Conduct outreach to employers to assess their preparedness and their needs during a pandemic; work with localities as well as third-party organizations to educate employers. If feasible, provide training in coordination with local governments and other groups.

c. Communicate with employers about sections of Louisiana's pandemic plan that will affect them. Share the state pandemic plan with employers so they can coordinate plans; if needed, create MOUs for particular issues such as stockpiling of antiviral drugs.

d. Guidance on Preparing Workplaces for an Influenza Pandemic (PDF - 313 KB) (Occupational Safety & Health Administration) Provides guidance and recommendations on infection control in the workplace, including information on engineering controls, work practices, and personal protective equipment, such as respirators and surgical masks.

e. Stopping the Spread of Germs at Work (Centers for Disease Control and Prevention) Basic precautions for protecting employee health.

f. Federal Employment Laws

- Federal Employment Laws - For Employees

- Federal Employment Laws - For Employers
- Contacts for Employers and Employees with Questions on Federal Employment Laws

2. Assess possible needs of employers (including non-profits) in the state post-pandemic and what programs and resources the state will have available

Goal: To assist employers in the state who may suffer severe economic losses or need assistance in their recovery plans.

a. Assess the likely impact of a pandemic on employers, particularly small employers given the economic disruption to the economy.

b. Review state benefit programs that may assist employers, particularly small businesses. Assess triggers for these programs to determine if the unique circumstances of a pandemic affect eligibility for these programs. Determine if additional legal/statutory and other flexibilities may be needed.

3. Help individuals and families prepare for a pandemic

a. Establish a risk communication plan – during a pandemic, state agencies should speak with one voice and should coordinate their communications with federal agencies. As part of their communication plan, agencies should be assigned responsibilities for the issues that will likely arise in a pandemic, e.g., distribution of antiviral drugs, disruptions in services, closures of public spaces, school dismissals, etc., and have pre-prepared, cleared messages ready for dissemination.

(Information on community mitigation strategies should be made readily available to workers and their families. Materials should be made available (they can be taken from www.pandemicflu.gov) on how individuals should prepare, including safety and health information. The state pandemic Web site should include a resource list for workers in state and their families. (States may also wish to provide pandemic awareness training, power point presentations, printed materials, and other resources.))

b. Work with localities, not-for-profit and faith-based organizations in pandemic planning for workers and their families and create opportunities to use community assistance and volunteers. Some states, for example, are working with the American Red Cross to take the

necessary steps to support households quarantined/isolated because of a pandemic with food delivery, shelter and crisis counseling

4. **Pandemic Influenza: When to Return to the Workplace or to School**
This information is for people who have been diagnosed with pandemic influenza by a health care provider or who believe that they have pandemic influenza based on symptoms of illness[1]. It is intended to assist these people in deciding when to return to the workplace or school to decrease the chance of spreading pandemic influenza to others.

Transmission of Pandemic Influenza: Pandemic influenza (flu) is an illness that is easy to spread by close contact with others at home, in the community, at work, or at school. Influenza viruses spread mainly from person to person when people with influenza cough or sneeze. Sometimes people may become infected by touching something with influenza virus on it and then touching their mouth or nose.

Symptoms of Pandemic Influenza: Sudden onset of

- Fever (100.4˚F [38˚C]) or higher **AND** cough, sore throat, and/or difficulty breathing
- These often occur with chills, headache, muscle aches, fatigue, and runny or stuffy nose

Pandemic influenza illness will likely make many people, even young adults; feel very sick—sick enough to stay in bed. If you are unsure whether you have pandemic influenza, want information about antiviral medications that may help you get better faster, or want to know how to avoid transmitting the influenza virus to others, contact your health care provider. Additional information about pandemic influenza can be found at www.pandemicflu.gov.

If you have pandemic influenza, before returning to your workplace or school:

1) STAY HOME AND AWAY FROM OTHERS, as much as possible. Stay out of school or work until your fever has been gone for 24 hours without your taking fever-reducing medicines such as acetaminophen (Tylenol), and ibuprofen (Motrin, Advil).

WHY? Studies show you are most contagious and likely to spread influenza virus to others while you have a fever, up until24 hours after your fever has ended.

2) IF YOU ARE IMMUNOSUPPRESSED, CONSULT WITH YOUR HEALTH CARE PROVIDER for guidance on when you may return to your workplace or school and on possible treatment with antiviral medications.

WHY? Being immunosuppressed means your body's immune system may be weaker than normal, for example, from cancer or cancer treatment, organ or bone marrow transplants, HIV/AIDS, or from treatment with drugs such as steroids. Studies show that an immunosuppressed person who is infected with influenza may be able to transmit virus for a longer time than a person who is not immunosuppressed.

3) IF YOU WERE OR ARE TAKING ANTIVIRAL MEDICATIONS FOR TREATMENT OF INFLUENZA, CONSULT WITH YOUR HEALTH CARE PROVIDER AS TO WHEN TO RETURN TO YOUR WORKPLACE OR SCHOOL

WHY? Antivirals for influenza are prescription drugs such as oseltamivir (Tamiflu) and zanamivir (Relenza), and may or may not be indicated for certain individuals. While no one should return to work or school until fever has been gone for 24 hours, for some people, antiviral drugs may shorten the period when you are contagious (capable of transmitting influenza virus), allowing you to return earlier.

After returning to your workplace or school, remember to:

- Cover your coughs or sneezes with tissues (if no tissues are available cough into your sleeve), and dispose of tissues in trashcans or wastebaskets. Clean your hands after coughing or sneezing as soon as you can.
- Keep your hands clean by washing with soap and water or using alcohol-based hand gels frequently. As much as possible, avoid touching people and surfaces with unwashed hands.

Return home or stay home and contact your health care provider if your symptoms worsen or re-occur.